

Please note: This form must be completed and signed by the employer. Please email back to us at [Childcare.engage.uk@Sodexo.com](mailto:Childcare.engage.uk@Sodexo.com). Print in block capitals.

Employer Details	
Employer Name	
Account Number	
Address	
Postcode	

Employee and Voucher Details	
Employee Name	
Payroll Reference	
Reason for credit	
Voucher amount to be credited	

**Declaration:** I understand the credit will apply on the face value of the childcare vouchers only and that the original full management fee for the order remains payable to cover the additional administrative costs incurred by Sodexo Benefits & Rewards Services. I will also undertake to ensure that any relevant tax and NI contributions are accounted for on receipt of the credit from Sodexo Benefits & Rewards Services.

Authorised Signature	
Print name	
Position	
Contact Number	
Contact E-mail	

Paper vouchers must be returned to Sodexo Benefits and Rewards Services with the completed credit request form. **Please note:** Forms will only be processed if signed by an authorised member of staff.

Authorised Signature \_\_\_\_\_

Date Actioned \_\_\_\_\_